



Commissioner for Patents
Washington, DC 20231
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Bib Data Sheet

CONFIRMATION NO. 3073

SERIAL NUMBER 09/808,312	FILING DATE 03/14/2001 RULE	CLASS 704	GROUP ART UNIT 2654	ATTORNEY DOCKET NO. YOR20010010US1	
APPLICANTS Sabine Deligne, White Plains, NY; Ramesh A. Gopinath, Millwood, NY;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/20/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
ADDRESS 35195					
TITLE Multi-channel codebook dependent compensation					
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



UNITED STATES PATENT AND TRADEMARK OFFICE

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SERIAL NUMBER 09/808,312	FILING DATE 03/14/2001 RULE	CLASS 704	GROUP ART UNIT 2641	ATTORNEY DOCKET NO. YOR20010010US1
APPLICANTS Sabine Deligne, White Plains, NY; Ramesh A. Gopinath, Millwood, NY; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/20/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 17
				INDEPENDENT CLAIMS 3
ADDRESS FERENCE & ASSOCIATES 129 Oakhurst Road Pittsburgh, PA 15215				
TITLE Multi-channel codebook dependent compensation				
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/20/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>M. L. Lewis</i> Examiner's Signature Initials		STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
ADDRESS 35195					
TITLE Multi-channel codebook dependent compensation					
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		